Monthly or Annual Special Oversize/Overweight Vehicle Permit Application

Commercial Vehicle Services
PO Box 47367, Olympia, WA 98504-7367
7345 Linderson Way SW
Tumwater, WA 98501
360-704-6340 / Fax 360-704-6350

***	Same Day	/ Service Not	Guaranteed i	if Received A	After 3:00 PM	***
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Company Name			Contact Name		DOT#				
Street Address			Phone (With Area Code)		Permit Start Date				
City	State Zip Code			Fax (With Area Code)		Permit End Date			
				T					
Power Unit License Number Transponder Number				VIN Number (Complete)					
Make				Year	Base State	Unit #			
X Select Permit Type									
☐ Single Trailer Trailer/Load Length _				Divisible Load					
☐ Double Trailer Trailer/L			ngth <u>68</u>	8' Divisible Load					
☐ Fixed Load		3 Axles	4 Axles						
	Gross Weight								
Axle Spacing Report # _			Report #						
	Total Overall Length		Front O/H F		Rear O/H				
☐ Non Divisible Load	Width (14' Max Width)								
☐ Tractor/Trailer ☐ Truck/Trailer	Heiç	ght	(15' Max Hei	ght)					
☐ Single Unit	Length (125' Max Tractor/Trailer) (85' Max Truck/Trailer)								
	Front Overhang								
	Rear	Overhang							
☐ Manufactured Housin	ng Wid	th15	15 'Trailer Length including Tongue75 '						
Total Number Of Permits									
For Permit fees, go to: <u>www.wsdot.wa.gov/commercialvehicle/permits</u>									
E-mail Address				Permit No	CVS OFFI	Amount			
Print Name as it Appears on Credit Card Signature				Date					
Credit Card Type Bankcard # (All applications are proc				essed over the Internet) Expiration D		Expiration Date			